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WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.
FILL OUT ALL BLANKS

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain Terms, that it may be properly classified. If any item can not be obtained insert word "unknown". Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH		ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS		State Index No. 569	
County <u>Yuma</u>	District <u>Yuma</u>	County Registered No. <u>67</u>	Local Registrar's No. <u>66</u>
ORIGINAL CERTIFICATE OF DEATH			
No. <u>on Ranch</u> St.			
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)			
FULL NAME <u>Guy C. Wilson</u>			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX <u>male</u>	Color or Race <u>White</u> Indian Black Chinese Mexican	DATE OF DEATH <u>March 14</u> , 19 <u>20</u>	
	<u>SINGLE</u> MARRIED WIDOWED DIVORCED	(Month) (Day) (Year)	
DATE OF BIRTH <u>Dec. 20</u> , 18 <u>94</u>		I hereby certify, that I attended deceased from <u>March 14</u> , 19 <u>20</u> to <u>March 14</u> , 19 <u>20</u> ; that I last saw him alive on <u>March 14</u> , 19 <u>20</u> , and that death occurred on the date stated above at <u>8:30 AM</u> . The DISEASE or INJURY causing	
AGE <u>25</u> yrs. <u>2</u> mos. <u>24</u> days	If less than 1 day hrs., or min.	Death was as follows: <u>Acute Insufficiency</u>	
OCCUPATION (a) Trade, profession or particular kind of work <u>Farmer</u>	(b) General nature of industry, business, or establishment in which employed or (employer) <u>Geo. Tamm</u>	(Duration) yrs. <u>2</u> mos. days	
BIRTHPLACE (State or country) <u>Utah</u>		Was disease contracted in Arizona?	
NAME OF FATHER <u>Charles Wilson</u>		If not, where?	
BIRTHPLACE OF FATHER (State or country) <u>Utah</u>		CONTRIBUTORY <u>Influenza</u>	
MAIDEN NAME OF MOTHER <u>Anna Clydes Bink</u>		(Duration) yrs. mos. days	
BIRTHPLACE OF MOTHER (State or country) <u>Utah</u>		(Signed) <u>M. Thomas</u>	
The Above Is True to the Best of My Knowledge (Informant) <u>Guy C. Wilson</u>		3-14-1920 (Address) <u>Yuma Ariz.</u>	
(Address) <u>Yuma Ariz.</u>		In death from Violent Causes state (1) Means of Injury, and (2) whether Accidental, Suicidal, or Homicidal.	
PLACE OF BURIAL OR REMOVAL <u>In Angelen Calif</u>	DATE OF BURIAL OR REMOVAL <u>3/17</u> , 19 <u>20</u>	LENGTH OF RESIDENCE	
UNDERTAKER <u>Guy C. Wilson</u>	ADDRESS <u>Yuma Ariz.</u>	At place of death yrs. mos. ds. In Arizona yrs. mos. ds.	
		Former or Usual Residence	
		Filed <u>March 17 1920</u> <u>Mary J. Thompson</u> Local Registrar.	
		Filed <u>8 30</u> <u>R. C. Anthony</u> County Registrar.	